



# AUTHORIZATION TO PROVIDE PERSONAL CARE SERVICES

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

SFN 663 (09-2005)

By accepting this authorization to Provide Personal Care Services, the Provider agrees to provide the services in accordance with standards and conditions agreed to in signing the Medical Assistance Program Provider Agreement as a designated Qualified Service Provider or Basic Care Assistance Provider. If an authorization is for multiple providers, the monthly total authorized units for a client may not be exceeded by the combined providers. This authorization is time limited and is not a guarantee of payment for services. Client eligibility for Medicaid can be verified by calling VERIFY at 1-800-428-4140 or 701-328-2891. Client may be responsible for recipient liability that is payable to the Provider. Provider is responsible for maintaining documentation supporting services provided.

Qualified Service Provider(s) Name and Number		Client Name				
		Medicaid ID Number				
		Client Address				
Date of Admit to Basic Care:		Telephone Number				
Authorization Period From: _____ To: _____		Six Month Review Authorization Period From: _____ To: _____				
Procedure Code for Billing	Total Authorized Units	Authorized Units per Task Category				
Daily Rate <b>T1020</b>		<u>ADL</u>	<u>Meal Prep</u>	<u>Med Assist</u>	<u>Ldry/Shp/Hkp</u>	<u>Other</u>
Unit Rate <b>T1019</b>						
Basic Care <b>4</b>						
Personal care services tasks authorized. Check all that apply (An explanation of the tasks is printed on the back of this form.) * Provider must carry a global endorsement to provide this ta: ** 1 or more of these tasks must be authorized and provided on a daily basis before daily rate can be us						
Activities of Daily Living (ADL) <input type="checkbox"/> Bathing <input type="checkbox"/> Dress/Undress ** <input type="checkbox"/> Feeding ** <input type="checkbox"/> Incontinence ** <input type="checkbox"/> Mobility (Inside) ** <input type="checkbox"/> Toileting ** <input type="checkbox"/> Transferring/Turning/Positioning **			Other <input type="checkbox"/> Eye Care <input type="checkbox"/> Hair Care/Shaving <input type="checkbox"/> Fingernail Care <input type="checkbox"/> Skin Care <input type="checkbox"/> Teeth, Mouth, Denture Care <input type="checkbox"/> Mobility (Outside) <input type="checkbox"/> Communication <input type="checkbox"/> Money Management <input type="checkbox"/> Exercises * <input type="checkbox"/> Hoyer Lift * <input type="checkbox"/> Indwelling Bladder Catheter * <input type="checkbox"/> Medical Gases * <input type="checkbox"/> Prosthesis/Orthotics * <input type="checkbox"/> Suppository * <input type="checkbox"/> Ted Socks * <input type="checkbox"/> Temp/Pulse/Respiration/Blood Pressure * Individual to be contacted for readings			
Meal Prep <input type="checkbox"/> Meal Preparation **			<input type="checkbox"/> Client Specific Endorsement (Identify)			
Med Assist <input type="checkbox"/> Medication Assistance **						
Ldry/Shp/Hsk <input type="checkbox"/> Laundry <input type="checkbox"/> Shopping <input type="checkbox"/> Housekeeping						
Authorization ( Case Manager's Signature, County/HSC, date)		Six Month Review: If no change in tasks or units is needed, authorization to provide services is continued for the specified period.				
Authorization Canceled (Case Manager's Signature, County/HSC, Date)		Case Manager's Signature, County/HSC, Date				

## PERSONAL CARE SERVICE TASKS

**BATHING** - assisting client with tub, shower or bed bath.

**DRESS/UNDRESS** - assisting client in getting dressed or undressed.

**FEEDING** - assisting client to eat or drink. ***Does not include tube feedings.***

**INCONTINENCE** - assisting client with routine care associated with incontinence.

**MOBILITY** - assisting client to walk, use wheelchair, walker, crutches, or cane.

**TOILETING** - assisting client with all aspects of routine regime of toileting.

**TRANSFERRING/TURING/POSITIONING** - assisting client with routine sitting up or positioning on back while in bed, transfers to and from bed to chair, wheelchair, using transfer belt.

**MEAL PREPARATION** - planning, preparing, and serving meal(s). ***Does not include canning of produce or baking of items such as cookies, cakes, or breads.***

**LAUNDRY** - washing, drying, folding, putting away, ironing, mending, and other similar tasks.

**SHOPPING** - accompanying or assisting client to obtain goods or services. May include purchasing items for homebound clients.

**HOUSEKEEPING**- routine light cleaning including dusting, vacuuming, floor care, garbage removal, changing linens, and other similar tasks in rooms occupied or used by client.

**MEDICATION ASSISTANCE** - limited to assisting client with self administration of routine oral medications including opening and closing containers, proper positioning of client for taking medication, giving fluids to assist with swallowing. ***Does not include giving injections or medication reminders.***

**EYE CARE** - limited to routine regimen of eye drops, ointment, eye pad. ***Does not include prescription eye drops or ointment application.***

**HAIR CARE/SHAVING** - assisting client with washing and combing hair and shaving.

**FINGERNAIL CARE** - limited to routine fingernail care to persons who do NOT have diabetes, heart disease, fungus, or circulatory disease problems. ***Does not include cutting toenails.***

**SKIN CARE** - limited to preventative skin care, including bathing and application of creams or lotions for minor skin problems. ***Does not include application of prescription ointment, lotion or other topicals.***

**TEETH, MOUTH, DENTURE CARE** - assisting client with oral hygiene, brushing teeth, flossing, and cleaning of dentures.

**COMMUNICATION** - limited to assisting client in using telephone, client directed reading of mail, and sending mail related to obtaining and managing essential services.

**MONEY MANAGEMENT** - limited to assisting client with monthly budgeting or bill paying.

**EXERCISES\*** - limited to assisting client with routine exercises that have been taught to client.

**HOYER LIFT/MECHANIZED BATH CHAIRS\*** - limited to assisting with routine use of mechanized equipment.

**INDWELLING BLADDER CATHETER\*** - limited to general maintenance care after a routine of care has been well established for the client. ***Does not include catheterization of client.***

**MEDICAL GASES\*** - limited to routine assistance with oxygen after a regimen of therapy has been established.

**PROSTHESIS/ORTHOTICS\*** - limited to assisting client with applying or removing devices.

**SUPPOSITORY\*** - limited to assisting client with suppository to maintain bowel program. ***Does not include prescription suppository.***

**TED SOCKS\*** - limited to assisting client with applying and removing ted socks.

**TEMPERATURE/PULSE/RESPIRATION RATE/BLOOD PRESSURE\*** - limited to taking routine measurements. ***Provider to contact identified individual with readings .***

**APNEA MONITOR\*\*** - limited to routine assistance with apnea monitoring.

**JOBST STOCKINGS\*\*** - limited to routine care of Jobst stockings for chronic conditions.

**OSTOMY CARE\*\*** - limited to general maintenance care after a well-established routine of care has been developed.

**POSTURAL/BRONCHIAL DRAINAGE\*\*** - limited to routine procedures established for the individual.

**RIK/SPECIALTY BED CARE\*\*** - limited to client specific care requirements for the bed.

\*Provider must carry a global endorsement to provide this task

\*\* Provider must carry a client specific endorsement to provide this task